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PIONEER HI-BRED DSM

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27310 7590 11/24/2003

PIONEER HI-BRED INTERNATIONAL INC.
7100 N.W. 62ND AVENUE
P.O. BOX 1000
JOHNSTON, IA 50131

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

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Claire L. Moxon (Depositor's name)

Claire L. Moxon (Signature)

February 20, 2004 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/059,836	10/23/2001	Virginia C. Crane	35718/239836 (5718-152)	9340

TITLE OF INVENTION: MAIZE PROTEINASE INHIBITOR-LIKE POLYNUCLEOTIDES AND DEFENSE ACTIVATED - PROMOTER, TRANSFORMED PLANTS, AND METHODS OF USE

APPL. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	02/24/2004

EXAMINER	ART UNIT	CLASS/SUBCLASS
KUBELIK, ANNE R	1638	800-279000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Pioneer Hi-Bred
International, Inc.
2
3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Pioneer Hi-Bred International, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Des Moines, Iowa

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

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☐ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 16-1852 (enclose an extra copy of this form).

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(Authorized Signature)

Claire L. Moxon

(Date)

2/20/04

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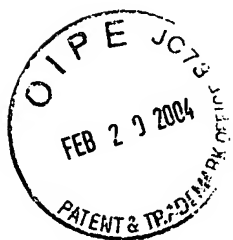
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01 FC:1501 1330.00 DA
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PTOL-85 (Rev. 10/03) Approved for use through 04/30/2004.

OMB 0651-0033

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FAX TRANSMISSION

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TO: Commissioner for Patents-Mail Stop ISSUE FEE
FROM: Claire Moxon
RE: Our Ref. No. 1306 – Serial No. 10/039,836
DATE: 2-20-04 FAX NUMBER: 703-746-4000
NUMBER OF PAGE(S) FOLLOWING THIS SHEET: 1

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